1: Honigmann E-5 (1943-1945) 1949 ND12 Nahane ND12

The details of the construction of frame houses will not be presented. Despite their growing importance, they are limited to Lower Post, where lumber is readily available and where summer occupancy does not require the greater warmth of chinked log walls. Such houses are sometimes built with the aid of a skilled white carpenter. If white assistance is used, it is generally for the purpose of sawing and fitting the frame and rafters. Varying in size, the frame house averages about fifteen by seventeen feet and generally contains only one room. The interior of the walls are usually faced with heavy blue paper, sold locally by the roll, while the exterior is covered with black roofing paper. The roof is covered with a double layer of roofing paper but is not shingled. A frame house generally contains two windows and a door, together with such modern hardware as a doorknob and metal hinges.

Log cabins vary in size according to their functions. Home cabins are larger than trap line cabins, averaging about fourteen by seventeen feet as compared to ten by fourteen foot line cabins. As mill sawed lumber has become available for roofing and flooring, the size of home cabins has tended to increase.

A man generally requests his son or son-in-law to help him build a log cabin or else he may hire young men to assist him. Either the width or length of the house may be set parallel to the river. Doors never open away from the river. There are, however, no rules for orienting a house, and an individual will build on any site that suits his fancy, quite without regard to the situation of neighboring structures. Damp or mossy places are avoided for house sites as dampness is known to cause the bottom logs to rot. Low buildings are disliked as they are thought to "carry sickness."

When the builder has decided upon the dimensions of a cabin, he proceeds to cut red spruce logs to fit his undrawn plans. For a durable home cabin, the poles selected are about ten or more inches in diameter; in a line cabin they average about five inches. The bark is removed from the logs, which are then transported to camp and stacked until assistance becomes available to put them in place. Putting up the walls is regarded as the hardest part of constructing a cabin. As each log is set in place, a bowl shaped trench is axed about six inches from the end of each log. The trench is wide enough to support the following log. An older cabin observed lacked these trenched corners. Instead the end of each log was hewed almost square for a distance of about six inches from the end, leaving a rectangular tongue. These tongues were placed upon one another and at right angles, making a tight, close joint. This construction is said to have been introduced in the Upper Liard area by a Tahltan Indian. Both types of corners are shown in Figures 4, A and 4, D (see also Pl. 10, D). Since logs are rarely cut to exact dimensions they may be trimmed after they have been put in place. This is sometimes done in the course of construction and sometimes after the construction is completed (Pl. 6, D). Often it is only partially done. Window frames are cut after the walls have reached the height of the window opening. A home cabin generally contains one or two windows; a line cabin seldom contains more than one window and sometimes has none. The doorway is similarly cut after the required number of logs are in position and the doorjamb added after the rest of the structure is finished.

The construction of the roof is one of the most important tasks in housebuilding. Three ridge poles are generally used in a home cabin; a smaller line cabin, however, may have only one center ridge pole. Very large home cabins sometimes contain five ridge poles to support

1: Honigmann, E-5 (1943-1945) 1949 ND12 Nahane ND12

TABLE 16. TABULATION OF THE NUMBER OF RESPONSES TO EACH RORSCHACH CARD

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	Adult Mean (N=19)	Per Cent	Child Mean (N=9)	Per Cent
I	4	5	0	0
II	1	1	0	0
III	5	5	1	1
IV	0	0	0	0
V	5	5	1	1
VI	4	5	1	1
VII	5	5	1	1
VIII	5	5	0	0
IX	4	5	1	1
X	4	5	1	1
Total	95	100.0	7	7

to be emotionally stimulated by inner experience (fantasy and imagination) or by external situations are both lacking. Socially detached, affectively cold and undemonstrative, the Indian personality can be characterized as emotionally immobile and blocked. This constriction prevents the individual from freely grasping or understanding all aspects of his world and undoubtedly is related to his indefinite, hesitant, and limited intellectual approach. Correlated with constriction is a circumscribed range of interest. The Kaska Indian is an introvert who, having removed himself from the stimulation of his environment, confines himself to a subdued and suppressed individualistic career in which even internal stimulation is not permitted to develop.

That this emotional aloofness is psychologically defensive is suggested by the evidence of a severe anxiety, whose origins go back to very early experiences of the individual. Paralyzed by this basic tension, the personality seeks a narrow course of safety between inner apprehension and external fear. As a result people in interpersonal relations tend to be indirect, suspicious, reserved, and uneasy. There is constant fear of being overwhelmed, dominated, or exploited. The awareness of this danger results in a self-centered existence in which emotional spontaneity is reduced to a minimum.

MEDICINE

The Kaska Indians understand the principle of contagious disease and ideally recognize 753
more hygienic techniques for preventing illness than they display in behavior. For example, 751
although it is believed that such diseases as colds and tuberculosis are transmitted through contact with a person who has these illnesses, little care is taken to forestall physical interaction with reputed carriers. Again, while in principle the danger of using another's cup or table utensils is understood, tableware, especially at drinking parties, is often interchanged without rinsing. At the two potlatches given in 1945, each guest was told to provide his own cup, plate, knife, fork, and spoon. The plan miscarried, however, as many people neglected

1: Honigmann E-5 (1943-1945) 1949 NDI2 Nelson NDI2

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751 instructions. While dishes were washed between servings, the water was not boiling nor was it changed.

751 Nevertheless some instances of preventative medicine can be given. Most men are cautious in having sexual intercourse with suspected carriers of venereal disease, the condom as well as urination following coitus are recognized as safeguards against acquiring genital infections. Parents were several times observed to call their youngsters away from one or two children who carried impetigo sores, in one case a seven year old victim of this disease being told: "Go away, you're diseased." In the spring of 1942, following the dysentery outbreak of the previous fall and winter, Old Man burnt the toilet brush near his settlement. He explained that the area had been used by people suffering from the illness. Old Man also dug a new latrine. Following death, old clothes, particularly shoes which were in contact with a sick person, are abandoned in the brush or burnt. A number of years ago, during a serious flu epidemic in Lower Fort, a group of Dogrib were said to have fled from the town in order to avoid the sickness.

754 Quarantine control of contagious disease was introduced to the community at Lower Fort on July 28, 1942, when the death of a boy from spinal meningitis led the Mounted Police and the provincial policeman to post the western reserve. The quarantine was far from complete, however, consisting of little more than a prominently lettered sign being placed at each of the two main entrances to the area. In addition the missionary sought to segregate the school children from this reserve, while adults were advised to limit their shopping trips into town to once a day. The lax enforcement of the quarantine resulted in its consistent violation by everyone except the parents of the boy who had died (not, however, by his next youngest brother). People continued to leave the area frequently, use in the restaurant and at the lunch counter, and attended church. Few people from other quarters of the community avoided visiting friends or dances in the restricted reserve and two potlatches were even celebrated there during the term of the quarantine. Only the white residents of Lower Fort were explicitly warned to observe the posting on the occasion of the first potlatch. Several Indians, including the family of the deceased, expressed annoyance at the theoretical infringement of their freedom introduced by the quarantine, and several times adolescent boys tore up the signs and tossed them into brush, where they were retrieved by the provincial policeman and remounted. The quarantine was officially in effect for over a month.

752 It has already been noted that the Kaska are not an accident prone people. Nevertheless accidents do occur and are generally attributed to carelessness, drunkenness, or "bad luck." Associated with the relative infrequency of accidents is the fact that most people manifest a realistic, though not exaggerated, concern with safety. In case of necessity, however, considerations of safety are readily sacrificed to expediency combined with caution. A person will travel during a snowstorm or in very low temperatures if the journey is important or has once begun. Parents do not worry unduly about household dangers. Sharp tools, scissors, axes, and knives are often left lying around the camp where children are free to handle them. Nobody was observed to take deliberate measures, however, and when any real elements of danger are pointed out, the advice given is generally heeded.

The treatment of accidents is not developed beyond a simple, practical level. Small cuts and bruises are not treated. More serious cuts are bandaged. In a few days these serious wounds

1: Hmelgmann E-5 (1943-1945) 1949 ND12 Nahane ND12

should be kept warm in order to promote rapid healing; this care is especially important in winter. Hemorrhage is often permitted to continue without interference, the victim leaning forward to allow the blood to drip on the ground. Excessive bleeding of this kind may lead to attempts to staunch the flow of blood with a cloth and sometimes the little finger is tied with a string to stop the circulation before it reaches the sore. Balsam pitch, when available, is applied to burns. The treatment of unconsciousness consists primarily in creating exposure to strong light. In an emergency, broken bones are set by anyone who feels capable of the operation and mobility is later aided with a crutch made of a single pole, shoulder height, on which is nailed a semicircular wooden support for the armpit. One report was obtained about an old man who, paralyzed on one side, was provided with a small "sleigh" with wooden wheels. To this a dog was harnessed and thus the man could move around camp.* Persons take incisions sometimes treat swellings and pains in the joints with a charcoal cross drawn over the affected spot. Potent medicine treatments are used for severe aches and these applications may be accompanied by some massage of the painful area. Frozen members of the body are thawed with snow, which is gently applied but not rubbed in place. Cures, as ascribed to the various efficacies of [illegible] with a positive truth, "Whites can't get it." Old men said, referring to cures, "Maybe because they stay in camp, warm place." In recent years any serious bodily injury, including toothache, has been referred to white medical attention where possible.

Kaska society has formulated no clear and explicit theory of disease. As a result several vague but not necessarily conflicting notions of the origin and cause of illness obtain among different individuals. Those commenting on his cold, Hares suggested that "wind" must have brought the "cold sick" from "down there," gesturing down the Liard River. The notion of communicable diseases being borne in the air or wind is closely allied to the notion of disease transmitted clairvoyantly or sorcerous to which we have already alluded. In referring to the fact that he and his wife suffered from dysentery during the winter, Billy Barre said that people were "packing" the disease around with them "just like wind."

Some illnesses, especially colds, are believed to result from exposure to wet and cold. Thus Old John felt he had caught a bad cold during his walk home from Old Enos's place in the extreme rain. Summer days of strong wind and flying dust usually provoke people to comment on the dust as being injurious to health. The dust raised by dancing on a wooden floor also stimulates complaints from people who ascribe sore throats to this irritant. Another point of view ascribes illness to internal disorders, particularly disorders of the stomach and liver. Louis Johns, in relating the story of his first wife's death, said the child had been carried on the back of one of the older girls. He suspected that in the plucking one of the baby's ribs had sometimes been struck with the result that the liver had become damaged. Death followed in a few days.

Less frequently is the origin of a specific disease ascribed to the agency of a dead person and rarely to sorcery. Informants were consistent in denying belief in "bad medicine."* While recognizing that such attitudes had formerly occurred in the society, today, as

* The wind is not developed in Kaska culture.

* Kaska view about sorcery may be divided into two types, first, those stemming from aboriginal times and second, "white-man," which appeared in the post-contact society and lasted until about 1900. See Honigmann, White Man in Post-Contact Kaska Society (1949).

1: Honigmann E-5 (1943-1945) 1949 ND12 Nahane ND12

759 saying to Nick: "How people like white man; he don't know." A residual faith in witchcraft may persist among the Nahane Indians. An Old Man somewhat unwillingly stated: "Looks like some people still believe it. I know Nick Lang still believe it." Following the dysentery epidemic of 1944 in the Nahane Indian district, Old Man heard Mary Wiley report: "The people pretty bad yet. They talk about witch." During a discussion of the sporadic cases of dysentery occurring in the summer of 1945 one young man spoke up and said: "Too much war; too much blood. That brings out sickness. Too much people killed."

753 Some of these theories of disease are at least partially empirically demonstrable. How-
757 ever, even where empirical beliefs apply, as for instance in connection with cold and tuberculosis, they do not necessarily influence therapeutic or hygienic measures. Isolation of the patient is not practiced in conjunction with these illnesses. Little attempt is made to prevent wetting or chilling, except in very cold weather, and as full children often spend entire days in wet excursions. Walking long distances in wet brush is avoided whenever possible, but this precaution is generally more a matter of comfort than of preventative medicine.

760 *It is worthy pointing out also that at a greater tendency to explain illness in supernatural terms than to attribute it to supernatural causation. The typical methods of reacting to sickness, however, are to do nothing, use what patent medicines are available, or fifty the patient to white medical attention. Although there is a tendency to defend against anxiety and fear by making light of sickness, there can be little question but that it is usually intensely anxiety provoking to the patient. Undoubtedly this fear of illness is related to the inadequate control which the society experiences over disease. It may also be related to the fear of inexperience, which can be expected to assume serious proportions when an adult is extremely dependent on his own resources to make a living and where mobility is of paramount economic importance.*

757 Most of the medical therapy performed by the Indians is with the aid of patent medi-
278 cines obtained from stores. A high degree of faith is invested in such preparations and several assorted bottles are often purchased in the fall to be used for what illnesses appear during the winter. The most commonly used patent medicines include cough remedies, liniment, dysentery remedies, castor oil, stomach tonic, liver pills, fruit salts, and Listerine, the latter, however, is largely consumed in lieu of other alcoholic potables. Lozenges for coughs are often purchased and Vicks Vaporub is popular for colds and chest coughs. Aspirin is not commonly brought. Epsom salts are used to "clean the blood" by removing "bad waste" from the intestines. Rose Joe drank a compound of fruit salts daily for this purpose.

757 Indigenous medication is limited to the use of a few plants products, like balsam pitch,
759 balsam bark, raspberry bark, and willow bark, as well as inhalations, exercise, and the ap-
278 plication of heat.

Balsam pitch is firmly believed in for its medicinal properties, but is not readily accessible in the river valleys where most of the people's time is spent. In the fall of 1945, while hunting in the Simpson Mountains, Old Man secured some balsam pitch and put a little in his weak eyes. The pain was intense at first but in the morning he found his sight greatly improved. He did not repeat the treatment, as no more balsam was immediately available. Application of balsam pitch is also recommended for impetigo and other skin diseases. The bark of the balsam was boiled in water and drunk as said to be an effective cure for coughs

6: Honigmann E-5 (1943-1945)1954 ND12 Nahane ND12
Upper Liard

Whether following from sorcery or the breaking of some avoidance, illness represented the alienation of a life-giving property (which informants referred to as "wind") from the body or the intrusion of a malevolent substance into the organism.[6] Many but not all illnesses were treated through shamans. For example, any person could alleviate headache by placing a toad on the painful part leaving it there until the animal jumped free. Then the pain would also disappear. A shaman, however, effected cures with the aid of the power that resided in his soul or wind. He did not paint his face while curing but sang and utilized a variety of ritual objects to promote recovery of health. Among the upper Liard River people each shaman freely composed (or dreamed) his own chants. In turn they were heard (and, may it be assumed, imitated?) by persons in the group of relatives who gathered to watch the performance and, as the night wore on, joined in the singing. Sometimes the practitioner "blew" water from his mouth on the sore part of a patient's anatomy or he might drive the illness into a foreign object, like a rock or a small doll that had been prepared by his wife. He pushed the image into the patient's body, causing it to disappear. These objects as well as illness were extracted and quickly stuffed into the curer's pouch. Sucking blood from the head of an ailing person (never for some reason from the hand or arm) also constituted a recognized pattern of doctoring. Sometimes small gophers or weasels were extracted during sucking and these represented the causes of the particular malady. If a person had been rendered sick as the result of killing mink or otter, the shaman occupied himself in extracting one of these animals' "three spirits."[7] Should two souls have penetrated the victim, then death was almost inevitable while all three resulted in severe mental illness. Every shaman carried amulets or "medicines" in his pouch to aid him in his work. Mouse excrement and various roots provided effective antidotes which, however, were never taken internally. The selection of these materials probably stemmed from dreams. Remaining unexplained is the custom of planting several sticks, two or three feet high, in front of a patient and filling the spaces between them with moose-hide line.[8] Tattooing never served as a cure.

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you tell me what I am going to kill? Am I going to kill a seal or a bear?' Then the speaker spit upon it and threw it up into the air. If it remained in a certain position after it fell the man would kill something; otherwise he might as well stay at home." (Swanton, *Social Condition, Beliefs and Linguistic Relationship of the Tlingit Indians* [1908], 457.) Bone tossing is widely distributed in northern North America but was not imported into among the Kaska.

[6] Tlingit shamans sometimes stated "by passing over the affected parts carved objects supposed to have power." Swanton, *Social Condition, Beliefs and Linguistic Relationship of the Tlingit Indians* (1908), 464.

[7] The Tlingit attributed sickness to "witchcraft" and "after pretending to draw a spear or some other foreign object from the sick man, the shaman designated who had sent it into him." Swanton, *Social Condition, Beliefs and Linguistic Relationship of the Tlingit Indians* (1908), 464.

[8] One of our informants (O) revealed a little about curing ceremonies among the Dene River Tutchone. As many as four shamans sometimes sang over a patient, pumping until they collapsed (in a trance?). "just like they're dead." As they lay unconscious on sagebrush floors their legs to prevent stiffening. During their unconsciousness the shamans went "under the ground" to retrieve the sick man's soul.